MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARELO

263-042625

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NO INJURY OCCURRED WHILE AT WORK IN Death occurred at 12:50 1 m on the date stated above, and to the best of my knowledge, from the causes stated. 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20c. PLACE OF INJURY (e.g., in or about home, 20f. City, Town, Or LOCATION COUNTY ST while AT WORK 20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, Or LOCATION COUNTY ST while AT WORK 20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY ST while AT WORK 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION COUNTY 20d. INJURY (e.g., in or about home, 20f. City, Town, OR LOCATION County injury 20d. INJURY		_		1	$\parallel \parallel \parallel$	۱ă۱		aixesse condition given	ın PART	, (0)	۸.				1				Unknown
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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Signature of Student Embalmer	_ Signed John Si Lawre
	Licensed Embalmer No. 4774
√.**	P.O. Address Schell City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.